

FILED NOV 15 1944

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 1122

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph *Rural - Washington*
(c) Name of hospital or institution: Karnes Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two years
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (Rural)
(d) Street No. Karnes Road
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Bertha B. Porter

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased: July 5, 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Fleming County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER { 12. Name George Porter
13. Birthplace Kentucky
14. Maiden name Margaret Young
15. Birthplace Kentucky

16. (a) Informant Charles W. Noland
(b) Address Karnes Road. City

17. (a) Burial (b) Date thereof 11/6/44
(c) Place: burial or cremation Rolland Co's

18. (a) Signature of funeral director John E. Crisp
(b) Address 6054 Propp Ave., City

19. (a) 11-6-44 (b) Heleen J. Seible
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4, year 1944 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage *sudden*
Due to Fall on cement steps of porch.
Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 1860-5
Of autopsy 18
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Nov 4-1944
(c) Where did injury occur? St. Joseph (Rural) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Farm (Specify type of place)
(e) Manner of injury _____
23. Signature Heleen J. Seible (M. D. or other) _____
Address 209-210 Date signed 11/6/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3486

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.